

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10790405

FILING DATE

11-5-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		2					57		/				
8		2					58		/				
9		2					59		/				
10		/					60		/				
11		/					61		/				
12		/					62						
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39		/					89						
40		/					90						
41	/						91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	51						TOTAL DEP.	11					
TOTAL CLAIMS	53						TOTAL CLAIMS	11					